## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**NOVEL PHOTOSENSITIVE RESIN COMPOSITIONS** 

Applicant(s):

Ahmad Naiini et al.

Serial No .:

10/796,587

For:

March 9, 2004

Filed: Examine

Chu, John S. Y.

Art Unit:

1752

Confirmation No.:

1113

Customer No.:

27,623

Attorney Docket No.:

339.7807USU

Mail Stop: Amendment

**Commissioner For Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop: Amendment Commissioner for Patents, P.O.

Box 1450, Alexandria, VA 22313-1450, on

June 27, 2005

(Date of Deposit)

Paul D. Greeley

Name of Applicant, Assignee, or Registered Rep.

Signature

## SUPPLEMENTAL RESPONSE TO OFFICE ACTION

Honorable Commissioner for Patents:

In further response to the Office Action dated April 7, 2005, Applicant submits this response.

The Listing of Claims in the Application begins in the section starting on page 2. The Remarks begin in the section starting at page 34.

07/01/2005 YPOLITE1 00000017 10796587

01 FC:1202

200.00 OP

10796587 07/28/2005 RWIMBUSH 00000001 010467

AVAILABLE COPY

the Takahashi et al. or Hammerschmidt et al. patents in view of US Patent No. 6,071,666 to Hirano et al. are respectfully traversed for the reasons set forth in the previous Response to this April 7, 2005 Office Action, which reasons are incorporated herein by reference thereto.

It is respectfully submitted that the foregoing is a full and complete response to the Office Action and that the claims are allowable. An early indication of their allowability by issuance of a Notice of Allowance is earnestly solicited.

Respectfully submitted,

Date: June 27, 2005

Paul D. Greeley, Esq.

Registration No. 31.019

Attorney for Applicant(s)

Ohlandt, Greeley, Ruggiero & Perle, L.L.P.

One Landmark Square, 10<sup>th</sup> floor

Stamford, CT 06901-2682

Tel: (203) 327-4500 Fax: (203) 327-6401

## BEST AVAILABLE COPY

1	PATEN	T APPLICAT				TION RECO	OR	D			•	Dockel No	
Efféctive October 1, 2003    Color   Filo   Filo													····
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENT	ENTITY		OTHER THA	
1	TOTAL CLAIM	IS	COIU	<u> </u>	1.00	(Column 2)		TYPE	<u> </u>	J <del></del>	J OH		L ENTITY
11-	FOR	<u> </u>		NUMBER FILED		NUMBER EXTRA		RATE		FEE	-	RATE	<del>- </del>
11-		EABLE CLAIMS	120	120		2 9		BASIC F	-	95.00	-JOR	BASIC FE	<del></del>
╟	<del></del>		1/2	7 minus 20=		- 51		X\$ 9=		· 	OR	·X\$18=	702
l}	(ULTIPLE DEAD	<del> </del>		3 · minus 3 = 1					$oldsymbol{\perp}$		OR	X86=	
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							+145=			OR	+290=	
*	* If the difference in column 1 is less than zero, enter "0" in column 2								_	· · .	OR	TOTAL	
		· .							NAHT F				
į-	(Column 1)			(Columnia)		(Column 3)		SMALI			OR 1	SMALL	ENTITY
AMENDMENT A	REMAINING AFTER AMENDMENT			NUMB PREVIO PAID F	USLY	PRESENT, EXTRA		RATE	TIC	DD(- DNAL EE		RATE	. ADOI- TIONAL FEE
	Total	. 79	Minus	- 5	9	= 20		X\$ 9=			OR	X\$18=	1000
AME	Independent	- 3	Minus	1 44 3 DEDENISENT O		-		X43=			OR:	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	
							L	TOTAL		-	OR ,	TOTAL DOIT, FEE	-
	(Column 1) (Column 2) (Column 3)								· •		•	WOIT. FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
NON.	Total .		Minus	44 .		=		X\$ 9=			OR	X\$18=	
AME	Independent		. Minus	ies		]=		X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						f	+145 =	1	$\neg$	OR	+290=	
<del></del>									<del> </del>			TOTAL	<u>i</u>
		A	DOIT. FEE	<u>-</u>	`	-·· Λ	DDIT. FEE L						
CHUMENI C.	*	(Column 1) . CLAIMS REMAINING AFTER AMENDMENT		(Columnia) HIGHES NUMBE PREVIOU PAID FO	ST IR SLY	PRESENT EXTRA		RATE	ADI TION FE	JAL		RATE	ADDI- TIONAL FEE
ב <u>ֿל</u>	Total		Minus			<u>.</u>	1	X\$ 9+			ואן –	X\$18#	
u l	Independent		Minus	1		l					1-		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

1954 (14.3) 978

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TOTAL ADOIT FEE

\*\* If the "Highest Humber Previously Paid For" IN THIS SPACE is less than 20, enter 120 ADDIT. FEE OR ADDIT The "Highest Humber Previously Paid For" IN THIS SPACE is less than 3, enter 13."

The "Highest Humber Previously Paid For" (Tetal or Independent is the Inglest number humb in the appropriate box in column 1.

X43=

r 145=

X86 ±

€290±

TOTAL

OFI

OF